

		FOR OFF USE					

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2005
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2005)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0032896

Facility Name: Alden Poplar Creek Rehab & HCC

Address: 1545 Barrington Road Hoffman Estates 60194
Number City Zip Code

County: Cook

Telephone Number: (847) 884-0011 Fax # (847) 884-0121

IDPA ID Number: 36 - 3299486

Date of Initial License for Current Owners: 01/01/88

Type of Ownership:

VOLUNTARY, NON-PROFIT
Charitable Corp.
Trust
IRS Exemption Code

X PROPRIETARY
Individual
Partnership
X Corporation
"Sub-S" Corp.
Limited Liability Co.
Trust
Other

GOVERNMENTAL
State
County
Other

In the event there are further questions about this report, please contact:
Name: Steven M. Kroll Telephone Number: (773) 286-3883

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2005 to 12/31/2005 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) (Date)

(Type or Print Name) Steven M. Kroll

(Title)

Paid Preparer

(Signed) (Date)

(Print Name and Title)

(Firm Name & Address)

(Telephone) () Fax # ()

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001
Phone # (217) 782-1630

Facility Name & ID Number Alden Poplar Creek Rehab & HCC

0032896 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	217	Skilled (SNF)	217	79,205	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	217	TOTALS	217	79,205	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	10,646	2,972	11,236	24,854	8
9	SNF/PED					9
10	ICF	32,639	5,140	156	37,935	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	43,285	8,112	11,392	62,789	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 79.27%

D. How many bed-hold days during this year were paid by the Department? none (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy) day care

F. Does the facility maintain a daily midnight census? yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care? YES NO x

H. Does the BALANCE SHEET (page 17) reflect any non-care assets? YES NO x

I. On what date did you start providing long term care at this location? Date started 05/01/88

J. Was the facility purchased or leased after January 1, 1978? YES x Date 11/12/95 NO

K. Was the facility certified for Medicare during the reporting year? YES x NO If YES, enter number of beds certified 163 and days of care provided 9,413

Medicare Intermediary AdminaStar Federal

IV. ACCOUNTING BASIS

ACCRUAL x MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES x NO

Tax Year: 12/31/05 Fiscal Year: 12/31/05

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	356,975	25,167	9,600	391,742	841	392,583	(5,126)	387,457			1
2	Food Purchase		333,912		333,912	(32,902)	301,010	15,766	316,776			2
3	Housekeeping	182,684	34,919		217,603	360	217,963		217,963			3
4	Laundry	61,325	19,962	520	81,807	159	81,966		81,966			4
5	Heat and Other Utilities			247,028	247,028		247,028	(3,367)	243,661			5
6	Maintenance	35,550		131,221	166,771	133	166,904	21,724	188,628			6
7	Other (specify):* Related Party Salary							53,626	53,626			7
8	TOTAL General Services	636,534	413,960	388,369	1,438,863	(31,409)	1,407,454	82,623	1,490,077			8
	B. Health Care and Programs											
9	Medical Director			18,000	18,000		18,000		18,000			9
10	Nursing and Medical Records	3,008,340	205,891	116,308	3,330,539	(94,662)	3,235,877	1,715	3,237,592			10
10a	Therapy					202	202		202			10a
11	Activities	108,666	3,965	4,456	117,087		117,087		117,087			11
12	Social Services	48,928			48,928		48,928		48,928			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Related Party Salary							31,764	31,764			15
16	TOTAL Health Care and Programs	3,165,934	209,856	138,764	3,514,554	(94,460)	3,420,094	33,479	3,453,573			16
	C. General Administration											
17	Administrative	100,570			100,570		100,570		100,570			17
18	Directors Fees											18
19	Professional Services			675,752	675,752		675,752	(598,190)	77,562			19
20	Dues, Fees, Subscriptions & Promotions			61,060	61,060	(3,830)	57,230	(39,527)	17,703			20
21	Clerical & General Office Expenses	163,351	19,673	88,816	271,840	3,205	275,045	14,882	289,927			21
22	Employee Benefits & Payroll Taxes			672,770	672,770	28,489	701,259	(4,043)	697,216			22
23	Inservice Training & Education					36,831	36,831		36,831			23
24	Travel and Seminar			12,793	12,793	625	13,418	18,155	31,573			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			239,818	239,818		239,818	13,054	252,872			26
27	Other (specify):* Related Party Salary			(123,023)	(123,023)		(123,023)	591,083	468,060			27
28	TOTAL General Administration	263,921	19,673	1,627,986	1,911,580	65,320	1,976,900	(4,586)	1,972,314			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,066,389	643,489	2,155,119	6,864,997	(60,549)	6,804,448	111,516	6,915,964			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			73,702	73,702		73,702	362,873	436,575			30
31	Amortization of Pre-Op. & Org.							3,417	3,417			31
32	Interest			103,236	103,236		103,236	588,968	692,204			32
33	Real Estate Taxes							586,899	586,899			33
34	Rent-Facility & Grounds			1,438,941	1,438,941		1,438,941	(1,438,941)				34
35	Rent-Equipment & Vehicles			35,069	35,069		35,069	30,987	66,056			35
36	Other (specify):*							48,191	48,191			36
37	TOTAL Ownership			1,650,948	1,650,948		1,650,948	182,394	1,833,342			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		541,857	709,929	1,251,786	60,549	1,312,335	(159,261)	1,153,074			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			118,808	118,808		118,808		118,808			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		541,857	828,737	1,370,594	60,549	1,431,143	(159,261)	1,271,882			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	4,066,389	1,185,346	4,634,804	9,886,539		9,886,539	134,649	10,021,188			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Alden Nursing Center - Poplar Creek003-2896Reporting Period Beginning01/01/05Reporting Period Ending12/31/05

Reclassifications: PGs 3 & 4

From Line	To Line	Amount	Description
22		(4,413.00)	Uniform
	1	841.00	Uniform
	3	360.00	Uniform
	4	159.00	Uniform
	6	133.00	Uniform
	10	2,718.00	Uniform
	10A	202.00	Uniform
2		(32,902.00)	Employee Meal
	22	32,902.00	Employee Meal
10		(60,549.00)	Oxygen
	39	60,549.00	Oxygen
10		(36,831.00)	Dart
	23	36,831.00	Dart
20		(2,600.00)	eHealth Data Solutions
	21	2,600.00	eHealth Data Solutions
20		(605.00)	Resident Background Check
	21	605.00	Resident Background Check
20		(625)	Deming Seminar
	24	625	Deming Seminar

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(171)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,672)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(18,960)	21		17
18	Fines and Penalties	(2,982)	32		18
19	Entertainment	(2,373)	20		19
20	Contributions	(1,292)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(5,549)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	123,023	27		24
25	Fund Raising, Advertising and Promotional	(35,832)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(685)	20		28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ 53,507		\$	30

OHF USE ONLY							
48		49		50		51	

B. If there are expenses experienced by the facility which do not appear in the
general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	247,667	various	34
35	Other- Attach Schedule	(166,525)	5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 81,142		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 134,649		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3
and 4? If so, they should be reclassified into Section E. Please
reference the line on which they appear before reclassification.
(See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	\$		38
39						39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilities	\$ (6,631)	5	1
2	Intercompany interests (GL7031)	(95,220)	32	2
3	Miscellaneous income (GL4977 - Jury Duty)	(395)	21	3
4	Marketing Manager GL6701-100-009)	(13,475)	21	4
5	Vendor settlements - Aurora Tri State	(10,000)	21	5
6	Vendor settlements - Aurora Tri State	10,000	6	6
7	Vendor settlements - Aurora Tri State	(960)	21	7
8	Vendor settlements - Aurora Tri State	960	6	8
9	Blackman Kallick audit fees reversed June 05	5,850	21	9
10	Blackman Kallick audit fees reversed June 05	(5,850)	19	10
11	Simplex Grinell settlement fees	(200)	21	11
12	Simplex Grinell settlement fees	200	6	12
13	Eliminate relat.party inter. (Pc, LLC/gl 7053)	(45,285)	32	13
14	Correct Depreciation expense to detail	(123)	30	14
15	Back out Benefits for Mkt Manager	(4,043)	22	15
16	Eliminate Collection fees in Professional Fees In 19	(1,353)	19	16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(166,525)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Poplar Creek Rehab & HCC

0032896

Report Period Beginning:

01/01/2005

Ending:

12/31/2005

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	(5,126)	0	0	0	0	0	0	0	(5,126)	1
2	Food Purchase	(1,672)	0	0	17,438	0	0	0	0	0	0	0	15,766	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(6,631)	0	3,264	0	0	0	0	0	0	0	0	(3,367)	5
6	Maintenance	11,160	0	9,720	0	0	0	844	0	0	0	0	21,724	6
7	Other (specify):*	0	0	48,932	4,694	0	0	0	0	0	0	0	53,626	7
8	TOTAL General Services	2,857	0	61,916	17,006	0	0	844	0	0	0	0	82,623	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	3,834	(2,119)	0	0	0	0	0	0	1,715	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	31,764	0	0	0	0	0	0	0	0	31,764	15
16	TOTAL Health Care and Programs	0	0	31,764	3,834	(2,119)	0	0	0	0	0	0	33,479	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(12,752)	20,484	(605,922)	0	0	0	0	0	0	0	0	(598,190)	19
20	Fees, Subscriptions & Promotions	(40,182)	0	655	0	0	0	0	0	0	0	0	(39,527)	20
21	Clerical & General Office Expenses	(38,140)	0	34,291	8,254	10,477	0	0	0	0	0	0	14,882	21
22	Employee Benefits & Payroll Taxes	(4,043)	0	0	0	0	0	0	0	0	0	0	(4,043)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	18,155	0	0	0	0	0	0	0	0	18,155	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	12,782	272	0	0	0	0	0	0	0	0	13,054	26
27	Other (specify):*	123,023	0	444,189	12,215	11,656	0	0	0	0	0	0	591,083	27
28	TOTAL General Administration	27,906	33,266	(108,360)	20,469	22,133	0	0	0	0	0	0	(4,586)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	30,763		(14,680)	41,309	20,014	0	844	0	0	0	0	111,516	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(123)	353,100	8,035	0	1,861	0	0	0	0	0	0	362,873	30
31	Amortization of Pre-Op. & Org.	0	1,663	1,754	0	0	0	0	0	0	0	0	3,417	31
32	Interest	(143,658)	651,661	76,583	0	1,969	2,413	0	0	0	0	0	588,968	32
33	Real Estate Taxes	0	578,990	7,139	0	770	0	0	0	0	0	0	586,899	33
34	Rent-Facility & Grounds	0	(1,438,941)	0	0	0	0	0	0	0	0	0	(1,438,941)	34
35	Rent-Equipment & Vehicles	0	0	30,987	0	0	0	0	0	0	0	0	30,987	35
36	Other (specify):*	0	48,191	0	0	0	0	0	0	0	0	0	48,191	36
37	TOTAL Ownership	(143,781)	194,664	124,498	0	4,600	2,413	0	0	0	0	0	182,394	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(130,468)	(56,646)	27,853	0	0	0	0	0	(159,261)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(130,468)	(56,646)	27,853	0	0	0	0	0	(159,261)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(113,018)	#VALUE!	109,818	(89,159)	(32,032)	30,266	844	0	0	0	0	134,649	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group Ltd.	100%	See Pg 6K		See Pg 6K		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent Income	\$ 1,438,941	Poplar Creek LLC	100.00%	\$	\$ (1,438,941)	1
2	V	32	Investment Income RR	863	Poplar Creek LLC			(863)	2
3	V	19	Accounting Fee		Poplar Creek LLC		4,200	4,200	3
4	V	19	Misc Admin Fees		Poplar Creek LLC		16,284	16,284	4
5	V	33	Real Estate Tax		Poplar Creek LLC		578,990	578,990	5
6	V	26	Property/Liability Insurance		Poplar Creek LLC		12,782	12,782	6
7	V	32	Interest on Mortgage		Poplar Creek LLC		607,239	607,239	7
8	V	32	Interest on amount due to AMS		Poplar Creek LLC		45,285	45,285	8
9	V	30	Depreciation		Poplar Creek LLC		353,100	353,100	9
10	V	31	Amortization		Poplar Creek LLC		1,663	1,663	10
11	V	36	Mortgage insurance premium		Poplar Creek LLC		48,191	48,191	11
12	V								12
13	V								13
14	Total			\$ 1,439,804			\$ 1,667,734	\$ * 227,930	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	19	Professional fees	\$ 624,000	Alden Management Services		\$ 18,078	\$ (605,922)	15
16	V	21	Clerical and G & A		Alden Management Services		34,291	34,291	16
17	V	5	Utilities		Alden Management Services		3,264	3,264	17
18	V	6	Maintenance		Alden Management Services		9,720	9,720	18
19	V	24	Travel & Seminar		Alden Management Services		18,155	18,155	19
20	V	26	Insurance		Alden Management Services		272	272	20
21	V	20	Dues and Subscriptions/fees, etc		Alden Management Services		655	655	21
22	V	30	Depreciation		Alden Management Services		8,035	8,035	22
23	V	31	Amortization		Alden Management Services		1,754	1,754	23
24	V	33	Real estate taxes		Alden Management Services		7,139	7,139	24
25	V	35	Rent - equipment/vehicles		Alden Management Services		30,987	30,987	25
26	V	32	Interest		Alden Management Services		76,583	76,583	26
27	V	7	Salaries - general services		Alden Management Services		48,932	48,932	27
28	V	15	Salaries - Health care		Alden Management Services		31,764	31,764	28
29	V	27	Salaries - general admin		Alden Management Services		444,189	444,189	29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 624,000			\$ 733,818	\$ * 109,818	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

X YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary Consultant	\$ 9,600	Prism Health Care Services		\$ 4,474	\$ (5,126)	15
16	V	2	Tube Feeding	11,875	Prism Health Care Services		29,313	17,438	16
17	V	10	Equipment Rental - patient care	3,060	Prism Health Care Services		6,894	3,834	17
18	V	21	General & admin		Prism Health Care Services		8,254	8,254	18
19	V	27	General & admin salaries		Prism Health Care Services		12,215	12,215	19
20	V	39	Supplies	173,298	Prism Health Care Services		42,830	(130,468)	20
21	V	7	Dietary Salary		Prism Health Care Services		4,694	4,694	21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 197,833			\$ 108,674	\$ * (89,159)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Drugs	\$ 201,195	Forum Extended Care II		\$ 286,348	\$ 85,153	15
16	V	10	House Stock	8,491	Forum Extended Care II		7,530	(961)	16
17	V	39	IV	165,611	Forum Extended Care II		24,192	(141,419)	17
18	V	39	Wound Vac	1,753	Forum Extended Care II		1,373	(380)	18
19	V	21	general & admin		Forum Extended Care II		10,477	10,477	19
20	V	32	Interest		Forum Extended Care II		1,969	1,969	20
21	V	33	Real estate taxes		Forum Extended Care II		770	770	21
22	V	30	Depreciation		Forum Extended Care II		1,861	1,861	22
23	V	27	General & admin salaries		Forum Extended Care II		11,963	11,963	23
24	V	10	Pharmacy consulting	9,023	Forum Extended Care II		7,865	(1,158)	24
25	V	27	Employ Vaccin	1,412	Forum Extended Care II		1,105	(307)	25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 387,485			\$ 355,453	\$ * (32,032)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Therapy	\$ 672,775	Community Physical Therapy		\$ 700,628	\$ 27,853	15
16	V	32	Interest		Community Physical Therapy		2,413	2,413	16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 672,775			\$ 703,041	\$ * 30,266	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs and maintenance	\$ 35,954	Alden Bennett Construction		\$ 36,798	\$ 844	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 35,954			\$ 36,798	\$ * 844	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number ALDEN NURSING CENTER - POPLAR CREEK # 003-2896 Report Period Beginning 01/01/05 Ending: 12/31/05

RELATED NURSING HOMES	
Name	City
Note: ANC = Alden Nursing Center	
ANC Lakeland	Chicago
ANC Long Grove	Long Grove
ANC Heather	Harvey
ANC Lincoln Park	Chicago
ANC Northmoor	Chicago
ANC Town Manor	Chicago
ANC Terrace of McHenry	McHenry
ANC Morrow	Chicago
ANC Wentworth	Chicago
ANC Naperville	Naperville
ANC Valley Ridge	Bloomingtondale
ANC Village for Children & Young Adults	Bloomingtondale
ANC Orland Park	Orland Park
ANC Princeton	Chicago
Alden of Old Town East	Bloomingtondale
Alden of Old Town West	Bloomingtondale
Alden Trails	Bloomingtondale
Alden Northshore	Skokie
ANC Des Plaines	Des Plaines
ANC Des Plaines II	Des Plaines
ANC Alma Nelson	Rockford
ANC Park Stratmoor	Rockford
ANC Meadow Park	Rockford
ANC Waterford	Aurora
ANC Governor's Park of Barrington	Barrington

OTHER RELATED BUSINESS ENTITIES			
Name	City	Type of Business	
The Forum Prof. Center	Chicago	Office rental	
Prism Health Care	Chicago	Nursing supplies	
Forum Extended Care II	Chicago	Pharmacy	
Alden Management	Chicago	Management	
Alden Estates of Evanston	Evanston	Assisted living	
Community Physical Therapy	Wood Dale	Therapy provider	
Courts of Waterford	Aurora	Alzheimers unit	
Gardens of Waterford	Aurora	Assisted living	
Garden of Rockford	Rockford	Related Nursing Home	

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd Schlossberg a.	Terry Magnusson	CEO	100.00	131,839	2.196	5.49	Salary	\$ 7,661	27-7	1
2	Lauren Magnusson b.	Nurse coordinator	nursing admin	0.00	71,594	2.196	5.49	Salary	4,160	15-7	2
3	Terry Magnusson c.	Maint. Supervisor	construct/maint	0.00	48,672	2.196	5.49	Salary	2,828	7-7	3
4											4
5											5
6	a. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										6
7	b. Lauren is the daughter of Floyd Schlossberg										7
8	c. Terry is the son-in-law of Floyd Schlossberg										8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 14,649		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/2005 Ending: 2/31/2005

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization Alden Management Services, Inc.
Street Address 4200 W. Peterson Ave.
City / State / Zip Code Chicago, IL 60646
Phone Number (773) 286-3883
Fax Number (773) 286-3743

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1		See page 8A (also page 6A)				\$	\$		\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	Cambridge		x	Mortgage		09/02	\$ 9,875,100	\$ 9,498,099	12/2037		\$ 607,239	1	
2	Therapeutic Systems		x	Working Capital							5,034	2	
3												3	
4												4	
5												5	
	Working Capital												
6	Related Party - AMS	x		Working Capital							76,583	6	
7	Related Party - CPT	x		Working Capital							2,413	7	
8	Related Party - FECII	x		Working Capital							1,969	8	
9	TOTAL Facility Related						\$ 9,875,100	\$ 9,498,099			\$ 693,238	9	
	B. Non-Facility Related*												
10	interest income-Replace. Reserve (GL4972)										(863)	10	
11	patient interest income (GL 4646)										(171)	11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (1,034)	14	
15	TOTALS (line 9+line14)						\$ 9,875,100	\$ 9,498,099			\$ 692,204	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 48,191 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

Alden Poplar Creek Rehab & HCC

COUNTY

Cook

FACILITY IDPH LICENSE NUMBER

0032896

CONTACT PERSON REGARDING THIS REPORT

Steven M. Kroll

TELEPHONE

(773) 286-3883

FAX #:

(773) 286-3743

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

(A)	(B)	(C)	(D)
			<u>Tax</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Applicable to</u>
			<u>Nursing Home</u>
1. 07-07-300-012-000	nursing home facility	\$ 588,666.00	\$ 588,666.00
2. SEE	Related party-Alden Management	\$ 130,007.00	\$ 7,663.00
3. ATTACHED	Related party-Forum	\$ 15,792.00	\$ 770.00
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 734,465.00	\$ 597,099.00

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home.
(Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 249,325

B. General Construction Type: Exterior brick Frame steel Number of Stories 3

C. Does the Operating Entity?

☐ (a) Own the Facility

☒ (b) Rent from a Related Organization.

☒ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?

☐ (a) Own the Equipment

☐ (b) Rent equipment from a Related Organization.

☒ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? ☐ YES ☒ NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Patient care	62,115	1978	\$ 90,580	1
2					2
3	TOTALS	62,115		\$ 90,580	3

Facility Name & ID Number Alden Poplar Creek Rehab & HCC

0032896

Report Period Beginning:

01/01/2005 Ending: 12/31/2005

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4		Related Party - Forum		1978	\$ 14,541	\$	25	\$	\$	14,541	4
5											5
6	217		1995	1988	9,202,500	230,062	40	230,062		2,332,641	6
7											7
8											8
		Improvement Type**									
9		Electrical work/deoc/construction/fire alarm		1988	34,647		5-10			34,647	9
10		Sink repair/painting/marble work/class/electrical		1989	142,814		5-10			142,814	10
11		Install pump/village street signal/heater motor		1990	12,416		5-15			12,416	11
12		Replace boiler/replace a/c unit/replace condensor		1991	11,622	521	5-15	521		11,317	12
13		Flooring/clean condensor/roto-rooter/sprinkler/pump		1992	15,458	199	5-25	199		13,255	13
14		HVAC/electrical work/flooring/fan/counter /cabinets		1993	72,195	1,181	5-20	1,181		60,215	14
15		HVAC/prior credits applied		1994	(5,559)	(167)	10-15	(167)		(5,559)	15
16		A/C work/electricity repair/HVAC repairs		1995	23,105	1,523	5-15	1,523		18,192	16
17		Increase lighting levels on first floor		1996	8,838	589	15	589		5,400	17
18		Repair and epoxy all shower bases		1996	7,164	478	15	478		4,380	18
19		Clean coils to existing NU-AHL		1996	7,164	716	10	716		6,806	19
20		Laundry-enclose dryer area, door etc.		1996	7,763	388	20	388		3,590	20
21		Redesign PT,OT, activity area		1996	11,943	597	20	597		5,673	21
22		Repair restucco 2 entrance monuments		1996	5,014	501	10	501		4,597	22
23		Remove & replace roof with new		1996	89,573	4,479	20	4,479		41,428	23
24		Replace 2-25 gallon 450 BTU hot water heaters		1996	41,801	2,787	15	2,787		26,010	24
25		Add alternate biler phasing standby/back		1996	5,972	398	15	398		3,683	25
26		Change roof exhausts		1996	13,137	876	15	876		8,175	26
27		Repaint all painted surfaces in soda shop		1996	1,850		5			1,850	27
28		Add pantries w/kitchen equip to 1,2,3rd floors		1996	122,492	6,125	20	6,125		56,653	28
29		Siegert (sprinkler system)		1996	29,000	1,933	15	1,933		18,849	29
30		Tri-star install cooler assec.		1997	1,864		5			1,864	30
31		Cummis/onan -install pump		1997	4,959		5			4,959	31
32		Network environment -repair pipe		1997	8,000		5			8,000	32
33		Network environment -repair pipe		1997	6,800		5			6,800	33
34		A&B install cable in all rooms		1997	4,680	468	10	468		3,861	34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37			\$	\$		\$	\$	\$	37
38	Wigdahl electric-insall outlet and lights	1998	1,778		5			1,778	38
39	A&B custom cable install cable tv 2nd floor rooms	1998	4,680		5			4,680	39
40	CSI-maint. On choller and clean condensor valves	1998	8,400	840	10	840		6,300	40
41	CSI -repair compressor and freon	1998	2,330	155	15	155		1,138	41
42	CSI-repair condensing unit on cooler	1998	1,869	187	10	187		1,371	42
43	ABC	1998	1,748,376	47,254	5-20	47,254		373,479	43
44	ABC	1998	13,080	1,308	10	1,308		9,265	44
45	Alpha Sign-signs and plaques	1999	9,881	494	20	494		3,252	45
46	CSI-repair condensor	1999	1,528	153	10	153		968	46
47	Fos valley fire & safety-smoke detectors	1999	6,502	650	10	650		4,009	47
48	CSI-repair boiler	1999	1,875	125	15	125		771	48
49	CSI - compressor	1999	1,531	102	15	102		621	49
50	Equipment Int.-washing machine	1999	1,936		5			1,936	50
51	ABC-concrete, fencing	1999	12,735	849	15	849		5,165	51
52	Climate Services, -replace coil/thermostat	1999	5,425	543	10	543		3,799	52
53	DBS contracting-install lawn sprinkler system	2000	1,863	124	15	124		683	53
54	New Horizons	2000	525		3			525	54
55	New Horizons	2000	667		3			667	55
56	New Horizons	2000	714		3			714	56
57	New Horizons	2000	824		3			824	57
58	Alden Design	2000	4,440	222	20	222		1,184	58
59	Alden Design	2000	5,500	275	20	275		1,444	59
60	Walter Mayer -interior finishes	2000	4,000	267	15	267		1,556	60
61	CSI-window treatment	2000	19,411	971	5	971		19,411	61
62	DBS contracting - Alden sign	2000	1,500	75	5	75		1,500	62
63	Equipment Int.-repair dryer	2000	1,864		3			1,864	63
64	A&B custom cable install cable tv 1st floor rooms	1998	5,760		5			5,760	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 11,770,747	\$ 308,248		\$ 308,248	\$	\$ 3,301,721	70

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 11,770,747	\$ 308,248		\$ 308,248	\$	\$ 3,301,721	1
2	Equipment Int. -repair dryer	2000	926		3			926	2
3	GTMechanical-repair cooler and freezer doors	2000	1,530	179	5	179		1,530	3
4	CSI-Coker Service-replace walk-in cooler doors	2000	2,356	354	5	354		2,356	4
5	ABC -misc. construction work	2000	5,949	991	5	991		5,949	5
6	Equipment Int. -repair dryer	2000	1,036	173	5	173		1,036	6
7	Equipment Int. -repair dryer	2000	1,103	183	5	183		1,103	7
8	Equipment Int. -repair dryer	2000	1,103	183	5	183		1,103	8
9	Washtown Equipment(repair washers)	2001	572		3			572	9
10	CAPPS - Plumbing	2001	5,565	557	10	557		2,644	10
11	Alden Bennett Construction (carpeting)	2001	6,617		3			6,617	11
12	Alden Bennett Construction (misc. repairs)	2001	2,160	432	5	432		1,980	12
13	CAPPS - Plumbing (plumbing repairs)	2001	1,865	373	5	373		1,585	13
14	Long Elevator (car stations in two elevators)	2001	4,800	320	15	320		1,360	14
15	Fire Pros (fire alarm control panel upgrade)	2001	1,650	165	10	165		701	15
16	GT Mechanical (laundry exhaust fan for dryers)	2001	2,398	480	5	480		2,039	16
17	The Floor Source (carpeting in dining room)	2001	2,866		3			2,866	17
18	Capps - Plumbing (plumbing repairs)	2001	2,215	443	5	443		2,215	18
19	ABC - Parking lot Repair	2002	59,397	2,970	20	2,970		10,642	19
20	ABC - Misc. Repairs	2002	3,734	373	10	373		1,213	20
21	Alden Bennett Construction (carpeting)	2002	(6,617)		3			(6,617)	21
22	Capps Plumbing (hot water pump)	2002	1,885	377	5	377		1,382	22
23	Capps Plumbing (install new drain)	2002	1,685	337	5	337		1,208	23
24	GT Mechanical (condenser pump motor)	2002	2,505	251	10	251		899	24
25	Alden Bennett Construction (alarm annunciator)	2002	7,769	777	10	777		2,719	25
26	GT Mechanical (replaced motor)	2002	3,112	622	5	622		2,178	26
27	Alden Bennett Construction(chain link gate)	2002	2,565	513	5	513		1,796	27
28	GT Mechanical (replace motor)	2002	2,287	457	5	457		1,524	28
29	GT Mechanical (taco pump)	2002	3,808	381	10	381		1,270	29
30	Capps Plumbing & Sewer (handicapped accesible fountains	2002	2,500	250	10	250		792	30
31	New Horizons Communication (phone & jacks instal	2002	3,651	365	10	365		1,126	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,903,739	\$ 320,754		\$ 320,754	\$	\$ 3,358,435	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Poplar Creek Rehab & HCC

0032896

Report Period Beginning:

01/01/2005 Ending: 12/31/2005

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 11,903,739	\$ 320,754		\$ 320,754	\$	\$ 3,358,435	1
2	Alden Bennett Construction (Automatic door op.eqpt)	2003	5,785	578	10	578		1,445	2
3	Alden Bennett Construction (3rd Floor remodelling)	2003	5,731	573	10	573		1,480	3
4	Alden Bennett Construction(elevator)	2003	2,595	519	5	519		1,211	4
5	CSI Coker Service (Refridgerator repairs)	2003	5,283	1,057	5	1,057		2,818	5
6	CSI Coker Service (kitchedn eqpt repairs)	2003	2,833	567	5	567		1,323	6
7	Patten CAT (AMS Billings)(engine reapears)	2003	1,598	320	5	320		720	7
8	GT Mechanical (plumbing reapiers)	2003	2,544	509	5	509		1,103	8
9	Alden Bennett Construction (Carept/elevator cab.)	2003	1,437	479	3	479		958	9
10	GT Mechanical (plumbing reapiers)	2004	2,810	562	5	562		1,077	10
11	GT Mechanical (plumbing reapiers)	2004	1,267	253	5	253		485	11
12	GT Mechanical (plumbing reapiers)	2004	4,055	270	15	270		450	12
13	GT Mechanical (plumbing reapiers)	2004	4,469	893	5	893		1,265	13
14	Alden Bennett Construction (Boiler repairs.)	2004	2,133	106	20	106		150	14
15	Oak Fire/Security Systems(fire pumpair re)	2004	2,550	510	5	510		595	15
16	System Electric (electrical work)	2005	1,080	90	5	90		90	16
17	Capps Plumbing (new weighted suspended floats)	2005	1,426	48	5	48		48	17
18	A & B Custom Cable (cable wires/dist amp)	2005	1,541	90	10	90		90	18
19	Capps Plumbing (new ball valve/ 3rd floor kitchen sink)	2005	2,185	146	5	146		146	19
20	Door alarm	2005	2,508	84	5	84		84	20
21	CSI Coker (Dishwasher repair)	2005	3,467	578	5	578		578	21
22	Equipment International (tumbler weldment)	2005	3,656	213	10	213		213	22
23	GT Mechanical (laundry exhaust fan)	2005	3,769	691	5	691		691	23
24	GT Mechanical (laundry exhaust fan)	2005	3,800	697	5	697		697	24
25	GT Mechanical (replace lower motor)	2005	4,558	380	5	380		380	25
26	ABC (windows)	2005	4,756	238	5	238		238	26
27	GT Mechanical (major repair to AC)	2005	6,216	414	10	414		414	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,987,791	\$ 331,617		\$ 331,617	\$	\$ 3,377,183	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 11,987,791	\$ 331,617		\$ 331,617	\$	\$ 3,377,183	1
2									2
3	Related Party-Forum Prof Center Building:								3
4	Leasehold Improvement-Remodeling	1980	11,034		15			11,034	4
5	Leasehold Improvement-Remodeling	1980	17,284		20			17,284	5
6	Leasehold Improvement-Tenant Improvement	1987	893		13			893	6
7	Leasehold Improvement-AMS Remodel	1988	14,339		10			14,339	7
8	Leasehold Improvement-Roof	1994	3,203	200	16	200		2,204	8
9	Leasehold Improvement-Build.Improv.	1996	1,129	71	16	71		702	9
10	Leasehold Improvement-Asphalting	2000	88		3			88	10
11	Leasehold Improvement-DAI	2001	154	15	10	15		64	11
12	Leasehold Improvement-Bathrooms	2002	667	76	7	76		242	12
13	Leasehold Improvement-Suite Renovation	2003	1,638	164	10	164		491	13
14	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	2004	1,801	329	7	329		465	14
15	Leasehold Improvement-Add-on Improvement, fixture base	1980	71		23			71	15
16	Leasehold Improvement-Add-on Improvement, lighting base	2001	123	25	5	25		117	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26	Related Party-AMS:								26
27	Leasehold Improvement-Remodeling	1993	5,938		7			5,938	27
28	Leasehold Improvement-Remodeling	2002	4,861	694	7	694		1,997	28
29	Leasehold Improvement-Remodeling	2003	5,085	726	7	726		2,072	29
30									30
31									31
32									32
33	Forum Extended Care, LLC-building/building improv	1999	12,928	306	30	306		2,139	33
34	TOTAL (lines 1 thru 33)		\$ 12,069,027	\$ 334,224		\$ 334,224	\$	\$ 3,437,323	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)								
	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$1,222,486	\$94,885	\$94,885	\$	varies	\$632,629	71
72	Current Year Purchases	41,766	2,495	2,495		varies	2,495	72
73	Fully Depreciated Assets	302,238	4,860	4,860		varies	302,238	73
74								74
75	TOTALS	\$1,566,490	\$102,240	\$102,240	\$		\$937,362	75

D. Vehicle Depreciation (See instructions.)*									
	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9
76	Related Party - AMS	various: bus/autos	1998-2004	\$4,706	\$111	\$111	\$	3	\$4,638
77	Passenger bus		09/2000	49,863				3	49,863
78									
79									
80	TOTALS			\$54,569	\$111	\$111	\$		\$54,501

E. Summary of Care-Related Assets					1	2
		Reference			Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)			\$13,780,666	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$436,575	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$436,575	
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$4,429,186	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)				
	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4
86		\$	\$	\$
87				
88				
89				
90				
91	TOTALS	\$	\$	\$

G. Construction-in-Progress		
	Description	Cost
92		\$
93		
94		
95		\$

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:related party-cost is backed out
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

YESNO
- If NO, see instructions.

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease.

9. Option to Buy:

YESNO

Terms:*

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

YES

X

NO
16. Rental Amount for movable equipment:\$17,135Description:copy machine lease (\$16,559 + postage meter \$576)

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	transport-non patients	various	\$#####	\$13,478	17
18					18
19	Related Party - AMS	various	#####	30,987	19
20					20
21	TOTAL		\$#####	\$44,465	21

10. Effective dates of current rental agreement:

BeginningNovember 1995

EndingOctober 2005

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2006	\$714,339
13.	/2007	\$714,339
14.	/2008	\$714,339

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

Skilled nurse on site

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES		ALLOCATION OF COSTS (d)			
		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED	
COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8		
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 297,391	\$		\$ 297,391	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			38,425			38,425	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			336,958			336,958	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See page 16A	# of prescrpts				286,347		286,347	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							
10			hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): Supplies	see page 16A				27,854	166,099		193,953	13
14	TOTAL			\$		\$ 700,628	\$ 452,446		\$ 1,153,074	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Page 16
Col 5: PT,OT, & ST
Col 6: Supplies

XIV. Special Services (Direct Cost)

Service Description	Col. 1: Ref. No.	To Pg 16: Col. No	

1. OT	39-3	To Col 5	297,391
2. ST	39-3	To Col 5	38,425
3.			
4. PT	39-3	To Col 5	336,958
5.			
6.			
7.			
8.			
Pharmacy Supplies per GL			201,195
Manual Input from Related Party- Forum Drugs			85,152

9. Total to line 9 Pharmacy	See Pg 16A	To Col 5	286,347

10.			
11.			
12. Exceptional Care-Salaries:	See pg 16A	To Col. 5	-
12. Exceptional Care-Supplies:	See pg 16A	To Col. 5	-

Total Exceptional Care (Line 12, Col 8)			-

13. Other:	See Pg 16A		
13. Col 5: Manual Input: Related Party - CPT		To Col 5	27,853
Other			377,818
Manual Input: Related Party - Prism			(130,468)
Manual Input: Related Party FECII - I.V			(141,419)
Manual Input: Related Party "Wound Vac" line			(381)
Oxygen, from reclass worksheet			60,549

13. Col 6: Supplies Total		To Col 6	166,099

13. Total Line 13, Column 8			193,952

14. Total			1,153,074
			= = = = =



This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ (254,190)	\$ (253,245)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 65,000)	2,164,735	2,142,892	3
4	Supply Inventory (priced at)	2,173	2,173	4
5	Short-Term Investments			5
6	Prepaid Insurance		45,364	6
7	Other Prepaid Expenses	5,851	5,851	7
8	Accounts Receivable (owners or related parties)	2,742,782	2,439,924	8
9	Other(specify): Due from Third Party	74,599	74,599	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,735,950	\$ 4,457,558	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		310,554	13
14	Buildings, at Historical Cost		11,273,592	14
15	Leasehold Improvements, at Historical Cost	627,103	627,103	15
16	Equipment, at Historical Cost	673,352	1,533,415	16
17	Accumulated Depreciation (book methods)	(852,700)	(4,216,624)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		52,786	19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		529,649	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 447,755	\$ 10,110,475	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,183,705	\$ 14,568,033	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,189,146	\$ 2,189,146	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	453,224	453,224	28
29	Short-Term Notes Payable	29,410	29,410	29
30	Accrued Salaries Payable	407,731	407,731	30
31	Accrued Taxes Payable (excluding real estate taxes)	20,598	20,598	31
32	Accrued Real Estate Taxes(Sch.IX-B)		606,300	32
33	Accrued Interest Payable		50,379	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	accr ins, exp, idpa, sales tax	146,501	144,794	36
37	Due to bank & Others		97,967	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,246,610	\$ 3,999,549	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		9,498,099	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 9,498,099	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,246,610	\$ 13,497,648	46
47	TOTAL EQUITY (page 18, line 24)	\$ 1,937,095	\$ 1,070,385	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,183,705	\$ 14,568,033	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,198,399	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,198,399	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	738,696	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 738,696	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,937,095	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 10,480,583	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,480,583	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	32,777	6
7	Oxygen	17,638	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 50,415	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	1,017	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	464	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	(30,150)	19
20	Radiology and X-Ray	1,990	20
21	Other Medical Services	103,553	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 76,874	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	171	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 171	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Prior year a/p adjustments	16,797	28
28a	Misc income - Jury Duty (Offset against Sched V)	395	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 17,192	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,625,235	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,438,863	31
32	Health Care	3,514,554	32
33	General Administration	1,911,580	33
	B. Capital Expense		
34	Ownership	1,650,948	34
	C. Ancillary Expense		
35	Special Cost Centers	1,251,786	35
36	Provider Participation Fee	118,808	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 9,886,539	40
41	Income before Income Taxes (line 30 minus line 40)**	738,696	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 738,696	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? Not yet done. If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Column 1 Amount
Column 1 Amount

Page 19A

Must be submitted if there is a balance on Line 28. You need only report the info that has a balance.

Misc Income Jury Duty	395.00
Prior year a/p adjustments	16,797.00

Total of line 28	17,192.00
	=====

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,544	1,608	\$ 58,451	\$ 36.35	1
2	Assistant Director of Nursing	1,831	1,831	53,850	29.41	2
3	Registered Nurses	31,298	33,512	1,047,897	31.27	3
4	Licensed Practical Nurses	18,762	19,861	498,989	25.12	4
5	CNAs & Orderlies	86,248	92,351	1,197,555	12.97	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,080	2,080	33,210	15.97	9
10	Activity Assistants	9,466	10,484	107,273	10.23	10
11	Social Service Workers	2,264	2,449	48,928	19.98	11
12	Dietician					12
13	Food Service Supervisor	2,048	2,080	33,507	16.11	13
14	Head Cook					14
15	Cook Helpers/Assistants	31,175	33,798	323,468	9.57	15
16	Dishwashers					16
17	Maintenance Workers	1,776	1,920	35,550	18.52	17
18	Housekeepers	17,189	19,067	182,685	9.58	18
19	Laundry	7,253	7,818	61,325	7.84	19
20	Administrator	2,056	2,087	100,570	48.19	20
21	Assistant Administrator					21
22	Other Administrative	4,824	4,896	113,887	23.26	22
23	Office Manager	1,808	2,080	34,554	16.61	23
24	Clerical	1,714	1,757	14,910	8.49	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	1,808	2,080	67,430	32.42	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) Alzheimer Staff	3,696	3,820	52,350	13.70	33
34	TOTAL (lines 1 - 33)	228,840	245,579	\$ 4,066,389 *	\$ 16.56	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	800/Monthly	\$ 9,600	1-3	35
36	Medical Director	1,500/Monthly	18,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	116	5,208	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	57	2,550	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47	Alzheimer Consultant	70	3,148	11-3	47
48					48
49	TOTAL (lines 35 - 48)	243	\$ 38,506		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$		53

* This total must agree with page 4, column 1, line 45.

** See instructions.

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			
Name	Function	%	Amount
Taylor, Karen F	Administrator		\$ 100,570
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 100,570
B. Administrative - Other			
Description			Amount
			\$
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$
C. Professional Services			
Vendor/Payee	Type		Amount
AMS	Management Fees	\$	624,000
BDO Seidman	Accounting Fees		13,705
Ken Fisch/Barry Greenburg	Legal Fees		26,737
Medi.Com	Billing consulting		442
Dart Chart Systems, L.L.	Medicare Consultant		638
Esquire Deposition Serv	Deposition transcripts		1,353
SMS	Billing/Blood Gluc.Cons.		5,461
Midwest Appraisal	Tax Assessment Advisory		2,750
AMS	Management Fees		667
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$2500 attach copy of invoices.)			\$ 675,752
D. Employee Benefits and Payroll Taxes			
Description			Amount
Workers' Compensation Insurance		\$	98,095
Unemployment Compensation Insurance			41,741
FICA Taxes			301,513
Employee Health Insurance			39,304
Employee Meals			32,902
Illinois Municipal Retirement Fund (IMRF)*			
Union, Health & Welfare Pension			120,955
Relation, misc payroll, vaccination, drug test			36,516
Dental and life			29,201
Eliminate benefits for marketing employee			1,032
			(4,043)
TOTAL (agree to Schedule V, line 22, col.8)			\$ 697,216
E. Schedule of Non-Cash Compensation Paid to Owners or Employees			
Description	Line #		Amount
		\$	
TOTAL			\$
F. Dues, Fees, Subscriptions and Promotions			
Description			Amount
IDPH License Fee		\$	
Advertising: Employee Recruitment			3,218
Health Care Worker Background Check (Indicate # of checks performed 28)			285
Surety Bond Fees			1,013
IL Health Care Association			11,858
various seminars dues, fees - AMS			674
Related Party - AMS			655
Less: Public Relations Expense		(
Non-allowable advertising		(
Yellow page advertising		(
TOTAL (agree to Sch. V, line 20, col. 8)			\$ 17,703
G. Schedule of Travel and Seminar**			
Description			Amount
Out-of-State Travel		\$	
In-State Travel			
Gasoline expenses			7,571
Auto and travel			1,818
Related Party - AMS			18,155
Seminar Expense			3,404
Deming Seminar			625
Entertainment Expense		(
(agree to Sch. V, line 24, col. 8)			
TOTAL		\$	31,573

*** Attach copy of IMRF notifications**

****See instructions.**

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
1	Painting	1988	\$ 4,226	5	\$	\$	\$	\$	\$	\$	\$	\$	\$
2	Service Master	1988	3,962	10									
3	Complete Temp	1989	1,300	5									
4	Service Master	1990	3,182	5									
5	CSI	1992	4,754	5									
6	Bob's painting	1993	1,460	5									
7	Bob's painting	1994	7,715	5	0								
8	Climate Service-insulation	1995	2,051	12	171	171	171	171	171	171			
9	Onassis-painting	11/95	1,339	3									
10	Totals from PG22b		78,377	3-15	7,878	5,165	3,034	2,836	862	420	420	420	420
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 108,366		\$ 8,049	\$ 5,336	\$ 3,205	\$ 3,007	\$ 1,033	\$ 591	\$ 420	\$ 420	\$ 420

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).

(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year	Total Cost	Useful Life	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
		Improvement Was Made											
21	PAINTING	5/95	840	3									
22	PAINTING	7/95	1,166	3									
23	INSTALL A/C MOTOR/HVAC	7/95	1,605	10	160	160	160	85					
24	PAINTING	9/95	1,535	3									
25	motor (hvac)	3/96	1,846	10	185	185	185	185	140				
26	hvac repair	6/96	2,283	10	228	228	228	228	130				
27	door	5/96	1,026	15	68	68	68	68	68	68	68	68	68
28	condensor	4/96	1,182	10	118	118	118	118	87				
29	hot water...	12/96	3,397	15	226	226	226	226	226	226	226	226	226
30	a/c repair	6/96	1,891	15	126	126	126	126	126	126	126	126	126
31	pump repair	8/96	1,988	10	199	199	199	199	85				
32	mixed air damper/hot wtr valve	4/97	1,853	3									
33	repair leaks in cooling syst	6/97	2,365	3									
34	replace tower motor-hvac	6/97	1,795	3									
35	pipe insulating	12/97	2,474	3									
36	CSI (belt on fan&airhandler)	4/98	1,811	3	0								
37	CSI (seal on condenser pump)	7/98	3,302	3	0								
38	CSI (replace recirculating pump)	8/98	2,350	3	0								
39	CSI (install vents off gas lines)	9/98	2,141	3	0								
40	PAINTING **	9/98	7,092	3	0								
41	PAINTING **	12/98	4,743	3	0								
42	Chicago Cooling(repair a/c)	6/99	1,998	3	278	0							
43	Onassis-painting(ytd>\$1,500) **	7/99	8,037	3	1,340	0							
44	Chicago Cooling(repair colling system)	02/00	3,416	3	1,139	94	0						
45	Capps-Plumbing & S.(repair water system)	06/00	1,511	3	504	209	0						
46	GT Mechanical (repair air handler)	10/00	2,820	3	940	705	0						
47	2000-painting(ytd>\$1,500) **	7/00	6,738	3	2,246	1,123	0						
48	2001 Capps (plumbing)	10/02	1,460	3	122	487	487	364					
49	TOTALS		74,666		7,878	3,928	1,797	1,599	862	420	420	420	420

** = reclassified from line 6 per cost report instructions (if interior painting is over 1,500 for the year, must put in def. Maint.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).

(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost										
				Useful Life	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
50	TOTALS FROM PAGE 22A		74,666		7,878	3,928	1,797	1,599	862	420	420	420	420
51	Security Services (dooraalarm system)	12/02	1,220	3		407	407	406					
51	Capps-Plumbing & sewer (repair wat	01/03	2,491	3		830	830	831	0				
51													
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51													
51													
51													
51	TOTALS		78,377		7,878	5,165	3,034	2,836	862	420	420	420	420
** = reclassified from line 6 per cost report instructions (if interior painting is over 1,500 for the year, must put in def. Maint.													

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Illinois Healthcare Associations \$11,858
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 38,118 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 118,808
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 32,902 Has any meal income been offset against related costs? No Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0%
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: BDO Seidman, LLP The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Not yet completed
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees